

CLAIMS ONLY							Application Number 101828415		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1											
2		1										
3	1											
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50												
Total Indep	2											
Total Depend	13											
Total Claims	20											
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